LETTER TO THE SNAP: SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM OR TEMPORARY FAMILY ASSISTANCE (TFA) OFFICE FROM THE SCHOOL FOOD AUTHORITY

Date	
Dear	
regulations of the SNAP and the TF eligibility information to administra	A automatically qualifies children for free school meals. The A Programs permit SNAP and TFA offices to release tors of the National School Lunch and School Breakfast e children receive free meal benefits.
and who have indicated that the chil TFA benefits at the time of applicat household members participated in	the meal applicants who have been selected for verification and for whom the application was made received SNAP and/or ion. On the enclosed listing, please indicate if these the SNAP and/or TFA programs at any point and time during the ge. This information will be used only to confirm the free meal benefits.
Your return of the listing by return envelope is also enclosed for	will be appreciated. A self-addressed your convenience.
Thank you for your assistance and is please contact	f you have any questions, or need additional information, at
Name	Telephone No.
Sincerely,	
Signature City, State, Zip Telephone No.	
Enclosure (Verification Form-SNAI	P/TFA Recipients)

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